

Document Code: IMIS

Notice of Fee Due

Date:

10-17-7

Application Number:

10 668 499

A fee is due for the attached document for the reason indicated below. Please check the application for the appropriate authorization to charge a deposit account. If an authorization is present, please charge the appropriate fee*. If an authorization is not present, notify the application of the fee deficiency.

***If the fee due is for any of the filing fees, check for authorization to charge the surcharge. If authorization is present, charge the surcharge for late payment of the filing fees as well.**

☐ Insufficient payment by check or money order.

☒ Insufficient funds in deposit account \$12.5

☐ Insufficient payment by credit card.

☐ Declined credit card.

☐ No authorization to charge a deposit account.

Fee code(s) to be applied:

1403

1030

Amount in holding fee code:

1622

2622

1999

Total remaining due from applicant:

\$ 1030

RAM Operator [Signature]

Deposit Account Maintenance

Deposit Account Window Help



Deposit Account

Number: 503005

Current Balance: 125.00

1.08

Holder

Name: TYCO HEALTHCARE RETAIL SERVICES AG

Address

Attention: SONJA LOOSLI

Street: BAHNHOFSTRASSE 29

P O BOX 1571

Province: CH 8201

City: SCHAFFHAUSEN

State:

Postal Code:

Country:

CH

Telephone: 41-52-633-0240

Fax: 41-52-633-0259

Details

Category Code: NONGOVNMNT

Type: REGULAR

Notification Amt: 0.00

Status

☒ Active

☐ Closed

Available Balance: 125.00

☒ Print Monthly Statement

SSANDARA

10/17/2007

user not listed